# Physician & ARNP participation in state medical assistance



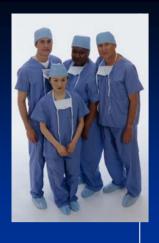




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## Today's presentation

### 1. Provider participation

- MAA fee-for-service physician participation over time
- Number of Emergency Room visits over time
- Orthopedic providers participation over time

### 2. Washington Medicaid physician rates

- Rates as compared to other payers
- 2005-2007 budget & provisos

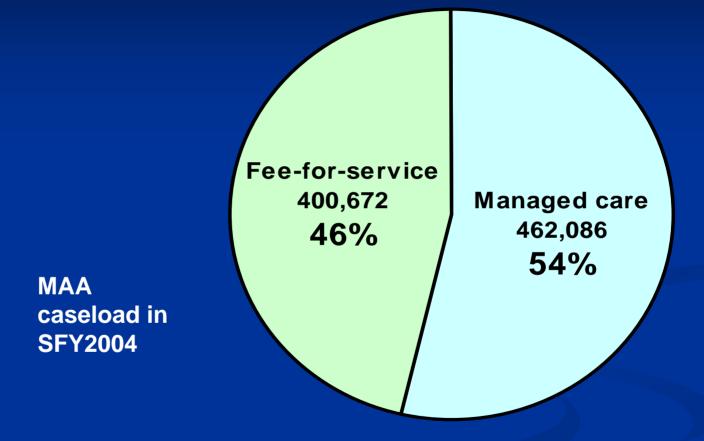
### 3. Where do we go next?

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### Medical assistance caseload



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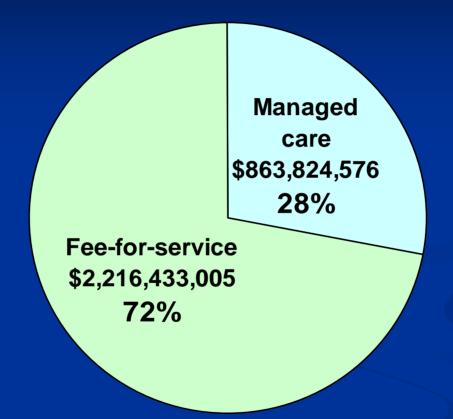
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Slightly more than half of MAA's caseload receive health-care services through private health-care plans that contract with the state



### Medical assistance expenditures



MAA expenditures in SFY2004

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Washington State Orthopaedic Association Managed care clients – primarily pregnant women, families and children – are healthier (and less expensive) than MAA's fee-for-service caseload



## Tracking provider access

In March 2003, MAA developed and began tracking a set of measures to monitor fee-for-service (FFS) access to physician and ARNP care:

- Number of active FFS providers, which provides a basic measure of physician participation (\*)
- Capacity of the FFS providers network presented as a ratio of providers to 1,000 clients, which provides a normalized measure of access capacity
- Distribution of FFS visits performed by the top quartile of active providers, which provides a measure of workload across active physicians

(Continued)

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(\*) NOTE: "Active providers" is the number of physicians or ARNPs that had at least one patient visit in a given period.



### Tracking provider access, cont.

- The three measures are then compared for:
  - **■** FFS vs. managed care
  - Primary care vs. specialty care providers
  - Adults vs. children providers (\*)
- Each measure is compared on a statewide and bycounty basis to identify overall trends and specific county issues

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# Number of active FFS physicians, SFY1998-2004



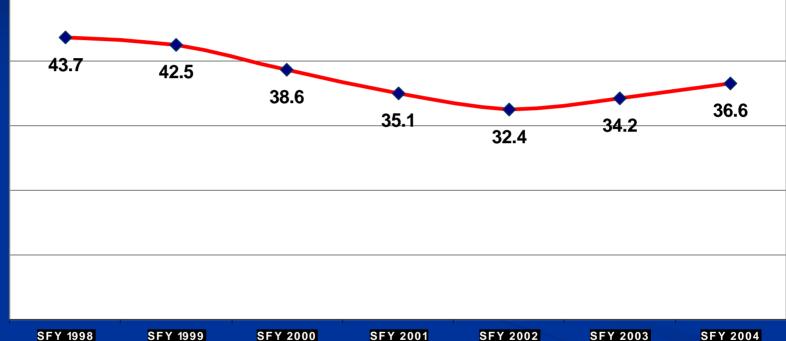
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- \* Number of providers increased 3% per year statewide
- \* 26 (67%) counties had an increase in SFY2004
- \* 10 (26%) rural counties had a decrease in SFY2004
  - Counties with decrease accounted for 7% of caseload and 3% of providers



# Active FFS physicians per 1,000 clients SFY1998-04



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Washington State Orthopaedic Association \* Over past seven years, the ratio of providers to clients increased in only past three years. (Increase was due in part to increase in managed care enrollment)

- \* 27 (67%) counties had an increase in SFY2004
- \* 12 (31%) counties had a decrease in SFY2004



# Visits to top quartile (25%) of FFS providers, SFY1998-04



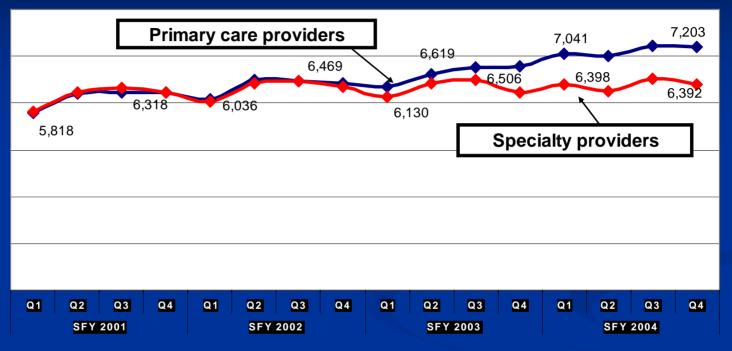
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Over time, 25 percent of MAA's providers have consistently furnished more than 70 percent of office visits



# FFS primary care and specialty providers, SFY2001-04



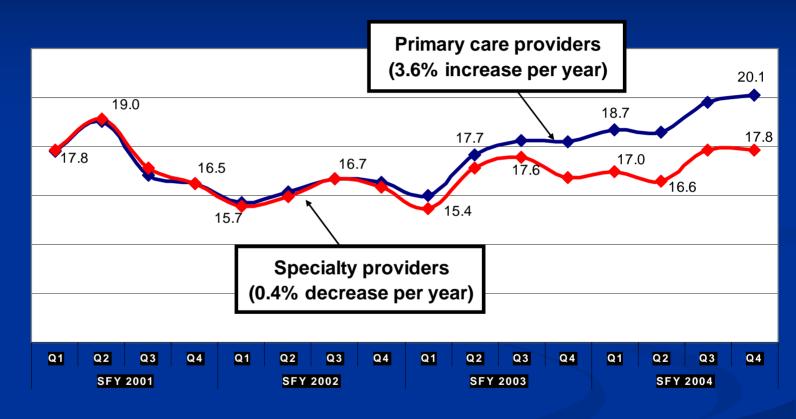
- \* Number of primary care providers increased 5% per year over four-year period. 7% increase in SFY 2004
- \* 28 (72%) counties had an increase in SFY 2004
- \* 6 (15%) counties had a decrease in SFY 2004
- \* Number of specialty providers increased 1% per year over four-year period. 1% increase in SFY 2004
- \* 19 (49%) of the counties had an increase in SFY2004
- \* 15 (38%) had a decrease in SFY2004

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## FFS providers per 1,000 clients



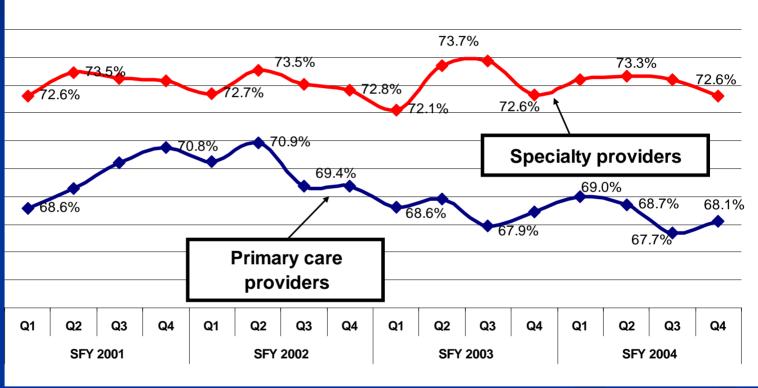
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Primary care providers' participation in the program is growing faster than specialty providers



# Visits to top quartile (25%) of providers, SFY2001-04



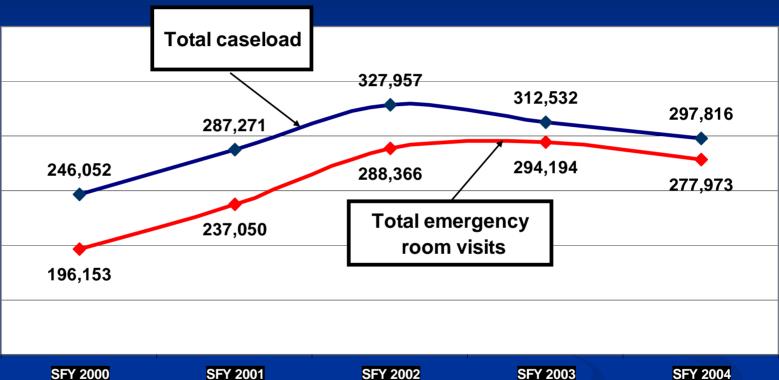
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Smaller relative number of specialty providers means they must carry a heavier load of medical assistance patients



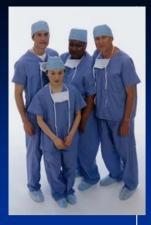
# Medicaid FFS caseload and ER visits, SFY2001-04



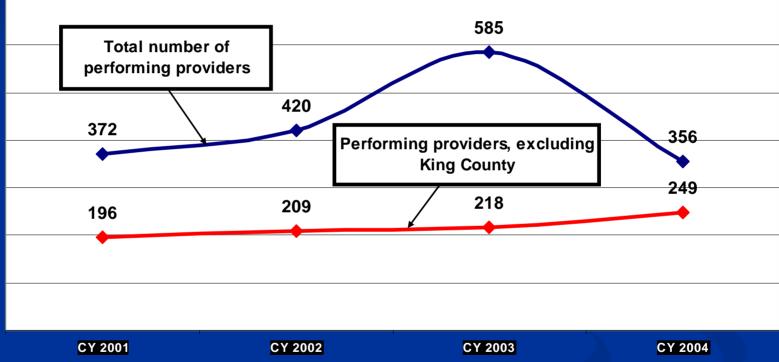
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Emergency room visits have matched caseload trends over recent years



# FFS providers performing orthopedic services, CY2001-04



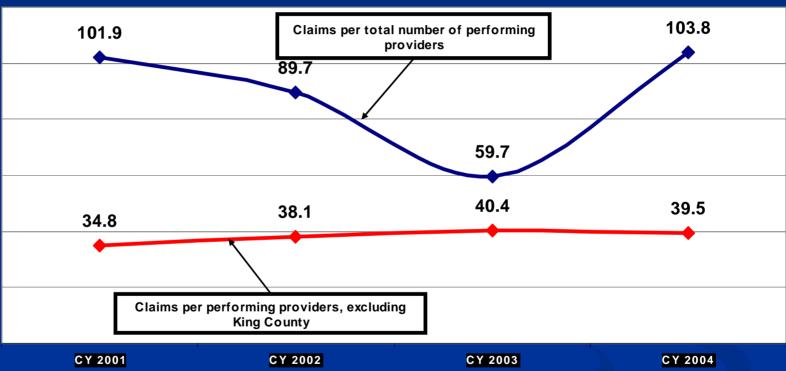
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- \* Number of performing providers decreased 38% in CY2004
- \* Most of the decrease was in King and Thurston counties
- Excluding King County, number of providers increased 8% per year over four-year period and 14% in CY2004



# Claims per FFS provider performing orthopedic services, CY2001-04



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Total claims have shown a recent upsurge, but the claims level stabilizes when King County is excluded



## Medicaid payment rates

 How Washington Medicaid rates rank in comparison to other states

Evaluation and management services	30 <sup>th</sup>
Surgical services	45 <sup>th</sup>
Maternity/delivery services	8 <sup>th</sup>
Routine obstetric care	3 <sup>rd</sup>
Radiology	40 <sup>th</sup>
Lab/pathology	42 <sup>nd</sup>
Psychiatry	32 <sup>nd</sup>
Medicine and testing	37 <sup>th</sup>
Vision/Ophthalmology	18 <sup>th</sup>
Aggregate fee ranking	31st

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**SOURCE: The Lewin Group, June 2001** 



## Medicaid payment rates

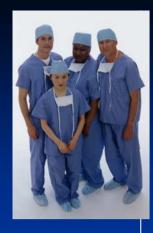
### Medicaid rates compared to Medicare and UMP

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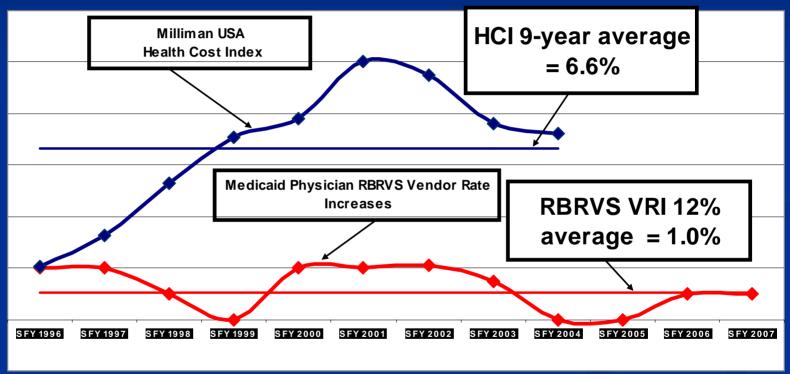
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	RBRVS payment conversion factors:			Medicaid compared to:	
	Medicaid	Medicare	UMP	Medicare	UMP
Child office visits/ EPSDT	\$34.35	\$37.34	\$48.59	92.0%	70.7%
Obstetric/delivery	\$44.46	\$37.34	\$48.59	119.1%	91.5%
Surgery	\$22.67	\$37.34	\$48.59	60.7%	46.7%
Radiology	\$22.67	\$37.34	\$48.59	60.7%	46.7%
Medicine section	\$22.67	\$37.34	\$48.59	60.7%	46.7%
Adult office visits	\$25.00	\$37.34	\$48.59	67.0%	51.5%
Hospital visits	\$22.67	\$37.34	\$48.59	60.7%	46.7%
ER and critical care	\$22.67	\$37.34	\$48.59	60.7%	46.7%

**SOURCE:** 



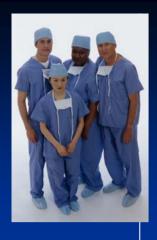
## Physician-vendor rate hike and health-care index



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Chart shows Medicaid vendor rate increases compared to health-care cost increases

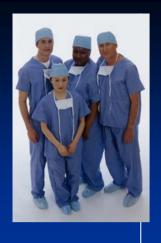


### 2005-2007 budget enhancements

- Physician vendor rate increase in the budget is 1% per year, effective July 1
- Family practice physicians in rural counties will also receive a \$194 increase for labor and delivery in July 2005, and an additional \$216 per delivery increase in July 2006
- DSHS, Health Care Authority (HCA) and Department of Labor & Industries will participate in a joint health-care purchasing project that links provider payments to performance/patient outcomes
- DSHS will work with Department of Revenue, HCA and Governor's Budget Office to develop options that would prompt physician participation, including tax credit options

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### Where do we go from here?

## Boosting provider participation

- Policymakers have focused in the past on the categories of providers who take care of the largest number of our clients
  - Primary care for children
  - Providers who perform obstetric care
- Potential hurdle for policymakers: How much of a rate increase would it take to make a difference in provider participation?
- Are there other factors that might encourage or enhance provider participation in medical assistance?

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### Questions/discussion

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